



Shooter Card Application

City of Tucson Fire Prevention Center
300 S. Fire Central Place 85701
(520) 791-4014



- ☐ NEW
☐ RENEWAL
☐ FIREWORKS 1.3
☐ PYROTECHNICS 1.4

☐ SPECIAL FLAME EFFECTS

FOR TFD USE ONLY

CARD# _____
EXPIRES _____

Any falsification or misstatement is a violation of Arizona Revised Statute (A.R.S.) 13-2704. Shooters Card may be revoked for cause.

(Please Print)

LASTNAME	FIRSTNAME	M.I.	D.O.B
HOME ADDRESS			
CITY	STATE	ZIP	
HOME PHONE	BUSINESS PHONE		
GOVERNMENT ISSUED ID OR DRIVERS LICENSE #	CLASS	STATE	
DATE OF ISSUE	EXPIRATION YEAR		

READ CAREFULLY AND ANSWER THE FOLLOWING QUESTION:

- | | | |
|---|-----|----------------------------|
| 1. Have you ever been committed to a mental facility? | Yes | No (if yes, explain below) |
| 2. Are you addicted to intoxicants, narcotics, dangerous drugs, or controlled substances? | Yes | No (if yes, explain below) |
| 3. Have you ever been convicted of a crime of violence? | Yes | No (if yes, explain below) |
| 4. Have you ever been convicted of a felony? | Yes | No (if yes, explain below) |
| 5. Do you have any criminal charges pending against you? | Yes | No (if yes, explain below) |
| 6. Are you a United States citizen? | Yes | No (if yes, explain below) |

Explanations-if necessary _____

I have received a copy of the requirements for a Shooters Card. I have read and understand the requirements. My signature indicates that I will comply with all applicable Federal, State, County and local laws, ordinances, codes and regulations. **Disclaimer:** The Tucson Fire Department assumes no liability for the activities performed by the cardholder.

FIRE DEPARTMENT USE ONLY

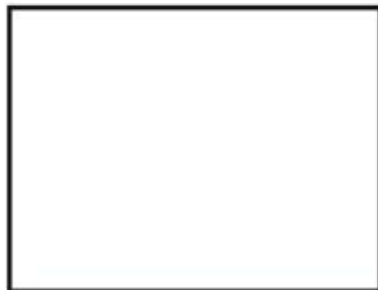
APPROVED BY:

DATE:

RESUME REVIEW:

ID VERIFICATION:

WRITTEN TEST SCORE



PHOTO

SIGNATURE _____ DATE _____